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July 18, 2003



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Date of Deposit: July 18, 2003

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Re:

New U.S. Non-Provisional Utility Patent Application

For:

**Portable Shielding System** 

Appl. No.: To be assigned

Filed:

Herewith

Inventors: David B. Mossor and Ernest L. Seth

Ref No.:

634690/00001

## Dear Sir:

The following documents are forwarded herewith for appropriate action by the U.S. Patent and Trademark Office:

U.S. Utility Non-Provisional Patent Application entitled: 1.

## **Portable Shielding System**

and naming as inventors:

## David B. Mossor and Ernest L. Seth

the application comprising:

- 15 pages of Specification, (i)
- 9 pages of claims (Total = 55, Independent = 4), (ii)
- a one (1) page abstract, and (iii)
- 10 sheets of informal drawings: (Figures 1-13); (iv)
- Form PTO-1082 (in duplicate); 2.

- 3. An originally executed Combined Declaration and Power of Attorney by David B. Mossor and Ernest L. Seth;
- 4. Information Disclosure Statement (in duplicate);
- 5. PTO 1449 (with 5 references);
- 6. Our Check No. 7-022839 in the amount of \$732.00 to cover the \$375.00 filing fee and additional claim fee for patent application (small entity status); and
- 7. One (1) return post card.

It is respectfully requested that the attached postcard be stamped with the filing date and unofficial application number and returned as soon as possible.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-4295. A duplicate copy of this letter is enclosed.

Respectfully submitted,

STEPTOE & JOHNSON PLLC

Megan D Dortenzo Attorney for Applicant Registration No. 39,172

MDD/tlb enclosures 634690/00001

## STEPTOE & JOHNSON PLLC Sixth Floor, Bank One Center Clarksburg, WV 26302-2190

Attorney Docket No.: 634690/00001

OTHER THAN A

COMMISSIONER FOR PATENTS Alexandria, VA 22313-1450

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Transmitted herewith for filing is the patent application of

David B. Mossor and Ernest L. Seth

For:

**Portable Shielding System** 

Enclosed are:

 $\frac{X}{X}$ 10 sheets of informal drawings (figures 1-13).

Applicant claims small entity status.

The filing fee has been calculated as shown below:

|                                                                                                                                                                                                                                                                                   | (Col. 1)                                                                                                                                          | (Col. 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SMALL ENTITY                                                                                                                                                                          |                                                               | _                                          | SMALL ENTITY                                                             |                                                            |  |  |
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| FOR                                                                                                                                                                                                                                                                               | NO. FILED                                                                                                                                         | NO. EXTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RATE                                                                                                                                                                                  | FEE                                                           | OR                                         | RATE                                                                     | FEE                                                        |  |  |
| BASIC FEE                                                                                                                                                                                                                                                                         |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       | \$37500                                                       | OR                                         |                                                                          | \$750.00                                                   |  |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                      | 55 - 20                                                                                                                                           | 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | x 9 =                                                                                                                                                                                 | 315.00                                                        | OR                                         | x 18 =                                                                   |                                                            |  |  |
| INDEP. CLAIMS                                                                                                                                                                                                                                                                     | 4 - 3                                                                                                                                             | l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | x 42 =                                                                                                                                                                                | 42.00                                                         | OR                                         | x 84 =                                                                   |                                                            |  |  |
| ☐ MULTIPLE DEPENDE                                                                                                                                                                                                                                                                | NT CLAIM PRESEN                                                                                                                                   | ITED .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | + 140 =                                                                                                                                                                               |                                                               | OR                                         | + 280 =                                                                  |                                                            |  |  |
| *If the difference in Col. 1                                                                                                                                                                                                                                                      | is less than zero, ent                                                                                                                            | er "0" in Col. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TOTAL                                                                                                                                                                                 | \$732.00                                                      | OR                                         | TOTAL                                                                    |                                                            |  |  |
|                                                                                                                                                                                                                                                                                   |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                               | J                                          | L                                                                        |                                                            |  |  |
| Please charge my Deposit Account No in the amount of \$ A duplicate copy of this sheet is attached.                                                                                                                                                                               |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                               |                                            |                                                                          |                                                            |  |  |
| X A check No. 7-022839 in the amount of \$732.00 to cover the filing fee is enclosed.                                                                                                                                                                                             |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                               |                                            |                                                                          |                                                            |  |  |
| X The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-4295. A duplicate copy of this sheet is attached.                                      |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                               |                                            |                                                                          |                                                            |  |  |
| <ul> <li>X Any additional filing fees required under 37 CFR 1.16.</li> <li>X Any patent application processing fees under 37 CFR 1.17.</li> </ul>                                                                                                                                 |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                               |                                            |                                                                          |                                                            |  |  |
| X The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 19-4295. A duplicate of this sheet is attached.                                      |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                               |                                            |                                                                          |                                                            |  |  |
| <ul> <li>Any patent application processing fees under 37 CFR 1.17</li> <li>The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).</li> <li>Any filing fees under 37 CFR 1.16 for presentation of extra claims.</li> </ul> |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                               |                                            |                                                                          |                                                            |  |  |
| Respectfully submitted,                                                                                                                                                                                                                                                           |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                               |                                            |                                                                          |                                                            |  |  |
| X A check No. 7  X The U.S. Pater communication  X Any a  X Any p  X The U.S. Pater application or  X Any p  The is                                                                                                                                                               | ent and Trademan or credit any ovadditional filing from the patent application and Trademark credit any overpatent application saue fee set in 37 | rk Office is herely erpayment to Deplete required under processing fees under the Deposit of the Processing fees under the Deposit of the Processing fees under the Processing | to co by au oosit r 37 ( r 37 ( r 47 | ver the filing fe<br>athorized to cha<br>Account No. 19<br>CFR 1.16.<br>37 CFR 1.17.<br>rized to charge pount No. 19-429<br>37 CFR 1.17<br>mailing of the Natation of extra contracts | e is enclosed.  rge payment of the post. A duplicate of Allow | of the f<br>licate c<br>follow<br>e of thi | ollowing fees<br>opy of this she<br>ing fees during<br>s sheet is attack | associated with the set is attached.  the pendency of hed. |  |  |

Registration No. 39,172